Document: Declaration Pursuant to 37 C.F.R. § 1.131 Attorney Client-Matter No: 66656-024 (P-NI 4552)

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EL 985982862 US

DATE OF DEPOSIT: September 11, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

REBECCA CLIFFORD
Printed Name of Person Mailing Paper or Fee

Signature of Person Mailing Paper or Fee

AMENDMENT TRANSMITTAL LETTER

CLIENT-MATTER NO.: 66655-024 (P-NI 4552)

SERIAL NO: 09/754,997

& THOMENING

FILING DATE:

EXAMINER: M. Haddad GROUP ART UNIT: 1644 CONFIRMATION NO.:4685

INVENTION:

1/4/2001 NOPE POLYPEPTIDES, ENCODING NUCLEIC ACIDS AND

METHODS OF USE

TO: COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

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ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450 ALEXANDRIA, VA 22313-1450.

REBECÇA CLIFFORD
(TYPED OR PRINTED NAME OF PERSON MAINING PAPER OR

(SIGNATURE OF PERSON MAILING

Transmitted herewith is a Response to the Office Action maintenance identified application. Small Entity status of this application has been 2003

Small Entity status of this application has been 2003

The blished under 37 CFR 1.27. March 11, 2003, in the above-identified application.

Petition for Three-Month Extension of Time is enclosed (in duplicate).

- X Declaration Pursuant to 37 C.F.R. § 1.131 executed by J. Michael Salbaum.
- X Form PTO 1449 with 2 references.
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- X An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	42	-	20	-	22	×	\$9	\$18	13	\$	\$396
INDEPEN- DENT CLAIMS	4	_	5	-	0	x	\$42	\$84	=	\$	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		-	YES		xxNO		\$140	\$280	=	\$	\$0
							TOTAL ADDITIONAL FEE			\$	\$396

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
- If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: J. Michael Salbaum

Serial No.: 09/754,997 Filed: January 4, 2001

Page 2

- Y Please charge my Deposit Account No. 502624 the amount of \$1326.00, \$930.00 of which covers the fee for a three-month extension of time and \$396.00 which covers the additional claims fee. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena

Registration No. 44,048 McDERMOTT, WILL & EMERY 4370 La Jolla Village Drive

7th Floor

San Diego, California 92122

858-535-9001